

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ARROWHEAD GRAPHICS INC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016		
Mailing Address 508 HOUSTON ST			Amount 7446.78		
City GREENSBORO	State NC	Zip Code 27401	Transaction ID : SE.4997		
Purpose of Expenditure SIGNS/STICKERS		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016		
Name of Federal Candidate GEORGE E MR. HOLDING		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: NC		
Calendar Year-To-Date Per Election for Office Sought		11292.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee TARGETED CREATIVE COMMUNICATIONS INC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2016		
Mailing Address 106 S COLUMBUS ST			Amount 2705.60		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4995		
Purpose of Expenditure PALM CARDS		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2016		
Name of Federal Candidate RENEE JACISIN ELLMERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: NC		
Calendar Year-To-Date Per Election for Office Sought		2705.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10152.38
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James A. Cardillo

[Electronically Filed]

Date

MM / DD / YYYY
05 / 17 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TARGETED CREATIVE COMMUNICATIONS INC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2016	
Mailing Address 106 S COLUMBUS ST		Amount 1140.20	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4996
Purpose of Expenditure PALM CARDS	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2016	
Name of Federal Candidate GEORGE E MR. HOLDING		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 3845.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1140.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	11292.58

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